Exhibit 2



Cameron M. Best, MD

Orthopedic Surgeon

November 18, 2022

On November 15, 2022, I examined the above 36-year-old client, Jason Hinson, in the Natchitoches Parish Detention Center. This report is for Hinson v. Martin, No. 5:17-cv-260. In preparation for and during the course of my examination, I reviewed the following documents:

- 1. DeSoto Parish Emergency Medical Service Patient Care Record, Mansfield, Louisiana (DEF 8-18);
- 2. DeSoto Regional Health System records, Mansfield, Louisiana (DEF 19-31);
- 3. University Health Records, Shreveport, Louisiana (DEF 32-490);
- 4. DeSoto Parish Sheriff's Office Incident Report from February 22, 2016 (DEF 1-4);
- 5. City of Faith Ministries Medical Records (DEF 493-957);
- 6. Richland Parish Detention Center Medical Records (DEF 958-985);
- 7. David Wade Correctional Center Medical Records (DEF 1088-1155);
- 8. Caddo Parish Sheriff Detention Medical Records (DEF 1316-1384);
- Red River Parish Jail Medical Records (DEF 1439-1828);
- 10. River Bend Detention Center Medical Records (DEF 1839-1901);
- 11. Christus Coushatta Health Care Center Medical Records (DEF 2248-2279);
- 12. Natchitoches Parish Detention Center Medical Records (DEF 2696-2810);
- 13. Seven (7) color photographs of Mr. Hinson at the time of the incident (DEF 1918-1924);

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- 14. Police Dash Cam Video of the incident (DEF 1916);
- 15. Certified Transcript of the Police Dash Cam Video of the incident (HINSON 0000001-0000038);
- 16. Fifteen (15) color photographs of Mr. Hinson's scar after the incident (DEF 2210-2224):
- 17. Deposition transcripts from the depositions of Dr. Jay Dujon and Dr. Nicholas Harris.

I reserve the right to amend this report if and when additional material becomes available.

BASIS OF OPINION

I am a board-certified orthopedic surgeon, who specializes in hand and upper extremity care. I take care of both degenerative and traumatic injuries specific to the upper extremity. I am in active practice, performing approximately 500 to 600 surgeries per year.

I completed an orthopedic surgery residency at the Baylor College of Medicine in Houston, Texas. This was followed with a one-year hand and upper extremity fellowship at the Medical College of Wisconsin in Milwaukee, Wisconsin. In addition to my board certification in orthopedics, I also subspecialized with a certificate of added qualification (CAQ) in orthopedic surgery of the hand. This certification is for board-certified, orthopedic surgeons who have demonstrated qualifications in hand surgery beyond that which was expected of other orthopedic surgeons by virtue of adding additional training, and a practice, characterized by a volume and diversity of cases in hand surgery. Following completion of my fellowship, I became a full-time faculty member of the Medical College of Wisconsin, where I practiced for seven years from 2014-2021. While at the Medical College of Wisconsin, I was an assistant professor in the orthopedic surgery residency program, as well as a faculty member of the hand and upper extremity fellowship. Our residency program had 25 residents each year and the fellowship had three fellows per year. During my practice in Milwaukee, Wisconsin, I took care of trauma patients in a Level-1 trauma center specifically caring for injuries of the upper extremity. These types of injuries included those sustained in motor vehicle accidents, gunshots, and animal bites. Specifically, with respect to animal bites, I have taken care of

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numerous dog bites. I have cared for a gentleman that was bitten by a dog in the forearm and sustained nerve injuries as a result.

In 2021, I moved to Monroe, Louisiana and joined a private practice. I am one of only two CAQ certified hand and upper extremity surgeons in the north central/northeastern Louisiana region. I continue to treat hand/upper extremity injuries and conditions; both traumatic and degenerative. As an orthopedic and an upper extremity surgeon, my expertise involves taking care of bones, muscles, tendons, nerves, and vascular injuries/pathology. As an orthopedic surgeon that worked in a Level 1 (high trauma) setting, I took care of many individuals that suffered from compartment syndrome. I took care of them in the acute setting with compartment releases (fasciotomies) and subsequent closure and possible skin grafting. I also continued to care for them in the outpatient setting with therapy and revision surgery for scarring or further muscular or neural deficits.

To evaluate individuals in this manner, I pull from my extensive training and experience, in taking care of hand and upper extremity injuries, in both rural and major metropolitan regions. The opinions I am able to make are based on a reasonable medical certainty and are consistent with other medical individuals in my area of subspecialty. I am being compensated for my time at an hourly rate of \$650 for all work through depositions, and travel time, and \$1150 per hour for time in court. A copy of my CV is attached.

CHIEF COMPLAINT

Multiple dog bites to the right forearm and wrist; now with persistent pain and nerve injury.

HISTORY

According to the incident report, Mr. Hinson was apprehended by the DeSoto Parish Sheriff's Office on February 22, 2016. During that apprehension, a canine unit was utilized. Per the incident report, the canine was deployed off leash and after approximately 200 yards of pursuit, the canine unit caught Mr. Hinson on the right arm and pulled him to the ground. Per the report, the canine was not removed from Mr. Hinson until back up arrived.

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As reviewed in the dash cam video footage of the incident, Mr. Hinson complained of significant and severe pain in his right arm from the time of injury. He was placed into handcuffs and then transferred to the DeSoto Regional Health System for initial evaluation before being transferred to the University Health Center.

At the University Health Center, the patient was evaluated in the emergency room and found to have multiple puncture wounds and tearing to the right forearm. There was severe pain and swelling noted at this time. He did complain of numbness in his middle, ring, and small fingers. Due to his swelling, uncontrolled pain, and mechanism of injury (multiple dog bites) he was felt to have compartment syndrome. He was given IV antibiotics and was taking emergently to the operating room by Dr. Jay Dujon (general surgery) and Dr. Nicholas Allen Harris (resident surgeon) for fasciotomy of the right forearm.

Surgery #1:

Fasciotomy performed to the volar compartment of the right forearm. A large, curvilinear (S-shaped) incision was made the full length of the forearm in order to release the pressure of the underlying tissues. This surgery also allowed for evaluation of the bite wounds and the resulting damage.

The wounds were left open initially, to allow for decreasing swelling. On 2/25/2016, Mr. Hinson returned to the operating room.

Surgery #2:

Right forearm wound irrigated. Primary/complete closure of wound.

Mr. Hinson convalesced appropriately in the hospital after the second surgery. During his hospitalization, he did continue to complain of altered sensation and pain in his right forearm/hand. He was referred to occupational therapy for range of motion and strengthening upon discharge in the hospital.

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EVALUATION

On 11/15/2022, I personally evaluated Mr. Jason Hinson. At the present time, he complains of constant numbness and tingling in the right small and ring fingers. He also complains of significant swelling in the right elbow, especially with repetitive activities. He complains of feeling weak in his grip strength.

On physical examination of his right upper extremity, he has a large curvilinear scar the full length of the forearm on the volar aspect of his forearm. There are significant depressions within his muscle belly at multiple locations, approximately 6 and 8 cm past or distal to the lateral aspect of his elbow. These areas of depression in the muscle are not tender. There is scarring present on the volar wrist at two locations, each measuring 2-3 mm consistent with puncture wounds. There is no depressions of these scars. On the inside of his forearm, he has multiple areas of depressions, approximately 8 cm, 9 cm, and 10 cm distal to the medial elbow. He has significant hypersensitivity surrounding the volar aspect of his forearm. He does have a significant Tinel at the elbow within the region of the cubital tunnel.

Within the hand, he does have significant decrease in strength of 4+/5 flexion and strength in his small and ring fingers. He also has mild decreased strength within his intrinsic hand musculature, with a 5-/5 first dorsal interosseous muscle. Overall, he has good blood flow within the hand with a negative Allen's test. He has 2+ radial and ulnar pulses. He does have subjective decreased sensation in his ulnar distribution with significant paresthesias present.

My overall conclusions of Mr. Hinson's injuries are as follows:

- 1. He sustained a severe crush injury with multiple bites to his right forearm. This caused significant and severe swelling necessitating emergent compartment release. It is apparent that multiple bite marks were present, as the depressions and scarring within the forearm and scars at the wrist are consistent with more than one bite.
- 2. He does have a physical examination consistent with significant scarring and injury to his ulnar nerve resulting in persistent and painful paresthesias and tingling within his small and ring fingers. He also has significant paresthesias along the entirety of his volar forearm consistent

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with possible injury to the superficial nerves of the forearm, whether from the dog bites or from the surgery itself necessitated by the dog bites. The ulnar nerve, which is currently injured, provides sensation in the small and ring finger but also supplies motor function for the small and ring finger flexion as well as multiple muscles within the hand itself to spread his fingers apart. His physical examination is consistent with decreased flexion and strength secondary to chronic compression and injury to the ulnar nerve. The pain, paresthesias, decreased sensation, and decreased strength that Mr. Hinson currently has because of multiple dog bite injuries will be persistent unless further intervention is gained. It is possible that he would benefit from exploratory surgery to release any scar tissue surrounding the ulnar nerve, not only at the level of the dog bites but in the region of the wound bed and at the elbow. This could help to decrease the persistent tingling or paresthesias of the fingers as well as to increase his strength with grip flexion and hand function. Even with surgery, it is likely that the decrease in strength would be permanent as the length of time from the injury could have allowed the connection of the nerves to the muscles to be permanently damaged. Following any surgery that would be performed, I would recommend a significant amount of physical and occupational therapy to help regain the most function possible.

Dr. Cameron Best November 18, 2022

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Attachment A

Cameron M. Best, MD

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WORK EXPERIENCE

Assistant Professor 08/2014 – 07/2021

Medical College of Wisconsin, Dept. of Orthopaedic Surgery

9200 W. Wisconsin Avenue, Milwaukee, WI 53226

Partner 09/2021 – present

North Louisiana Orthopaedics and Sports Medicine 1501 Louisville Avenue, Monroe, LA 71201

HOSPITAL STAFF PRIVILEGES

September 2021 - present	St. Francis Memorial Hospital, Monroe, LA
September 2021 - present	Glenwood Regional Medical Center, West Monroe, LA

September 2021 -present Ambulatory Surgery Center of North Louisiana, Monroe LA

September 2021 -present North Louisiana Medical Center, Ruston LA

SPECIALTY BOARDS & CERTIFICATION

Board	Certified	Issue Date	Expiration	
	American Board of Orthopaedic Surgery	07/27/2017	12/31/2027	
Licensure		Issue Date	Expiration	
	Louisiana License	07/01/2021	10/31/2023	

POST GRADUATE TRAINING AND FELLOWSHIP

08/2013 – 07/2014 – Fellowship, Hand & Upper Extremity, Medical College of Wisconsin

03/2013 - 05/2013 - Shoulder Fellowship with Pascal Boileau, Nice, France

07/2009 – 06/2013 – Residency, Orthopaedic Surgery, Baylor College of Medicine

06/2008 – 06/2009 – Internship, General Surgery, University of Colorado

EDUCATION

08/2004 - 5/2008 - M.D., University of Arkansas for Medical Sciences, Little Rock, AR 08/2000 - 05/2004 - B.S., Louisiana Tech University, Ruston, LA

EDUCATIONAL ADMINISTRATIVE APPOINTMENTS

2015 –	- 2021	Course	: Director	Hand	& Uppe	er Ext	remity	Resident/	Fellow	Didactics	
		_									

2018 – 2021 Co-medical Director Advanced Practice Practitioner Orthopaedic Fellowship

HONORS

2012-2013	Chief Resident	Orthopaedic Su	rgery Residency, Baylor
2012-2013	Bronze Hammer Award	Orthopaedic Su	rgery Residency, Baylor
2007 - Ethel Bri	ckey Hicks Charitable Trust Meri	t Scholarship	University of Arkansas
2006 & 2007	Tenenbaum Charitable Foundat	ion Scholarship	University of Arkansas
2006	Class of 1982 Scholarship		University of Arkansas
2006	Taylor Memorial Scholarship		University of Arkansas
2005-2008	Class President		University of Arkansas

MEMBERSHIPS

2013 – present	American Academy of Orthopaedic Surgeons
2013 – present	American Society for Surgery of the Hand (candidate member)
2014 – present	American Orthopaedic Association Emerging Leaders Program
2014 – 2021	Wisconsin Orthopaedic Society
2014 – 2021	Milwaukee Orthopaedic Society

INVITED LECTURES

MCW Sports Medicine Didactics, Milwaukee, WI	October 2014
"Overuse Injuries"	
Milwaukee Orthopaedic Society, Milwaukee, WI	October 2014
"Hand & Upper Extremity",	
FMCPP Billing & Collections Team Brown Bag Seminar, Milwaukee, WI	March 2016
"Upper Extremity: Common Diagnosis & Treatment Options"	
West Bend Rehab Center, West Bend, WI	April 2016
"Reverse Total Shoulder Arthroplasty "	
Wisconsin Orthopaedic Society Annual Meeting	October 2019
"Shoulder Arthroplasty in the Young Patient"	
Wisconsin Orthopaedic Society Annual Meeting	October 2019
"Upper Extremity Trauma Update Roundtable"	
Occupational Therapy Updates: Cadaver Course	February 2020
"Elbow Trauma and Reconstruction"	

RESEARCH PRESENTATIONS, PUBLICATIONS AND PAPERS

A Cost Analysis of Limited Pedicle Screw Fixation in the Treatment of Adolescent Idiopathic Scoliosis; Podium presentation, Shriners Hospital for Children, Houston, TX 2012

Ifedi BO, Best CM, Reichel LM. Heterotopic ossification following distal radius fractures in a patient with Parkinson disease treated with levodopa-carbidopa. J Hand Surg Am. 2013 Jun;38(6):1259-61. doi: 10.1016/j.jhsa.2013.03.017. PMID: 23707023.

An Analysis of Preoperative Antisepsis Patterns Following Publication of Evidence-Based Guidelines for Management of Carpal Tunnel Syndrome: An Analysis of Preoperative Antisepsis Patterns Following Publication of Evidence-Based Guidelines for Management of Carpal Tunnel Syndrome; ePoster, American Society of Surgery of the Hand Annual Meeting 2020

Walker MR, Hoben GM, Best CM, Daley RA. Early Experience With Locked Intramedullary Wrist Arthrodesis. J Hand Surg Am. 2021 Jul;46(7):620.e1-620.e6. doi: 10.1016/j.jhsa.2020.11.015. Epub 2021 Jan 21. PMID: 33485715.

Biomechanical Analysis Of A Suture Cerclage Technique For Coracoclavicular Reconstruction. Poster presentation. Orthopaedic Research Society Annual Meeting. February 10-14, 2023.

PRIOR EXPERT TESTIMONY

I have not testified as an expert at a trial within the last four years.